



Participant Registration 2012

Participant Registration must be filled out by all participants of a team along with a Model Release which is a separate document. Please fill out all information, double check signatures and return completed to your team leader for submission.

All International Expedition participants are required to take the insurance.

If you have any questions please consult your team leader.

Chi Alpha 2012 Expedition International Expedition Registration

**APPLICATIONS SHOULD BE SUBMITTED
NO LATER THAN SIX WEEKS PRIOR TO YOUR TRIP DEPARTURE.**

The team leader must collect the Team Sheet, Registrations, Background Releases, Model Releases, Application Fee, and insurance Funds. The team leader will submit all of the team's applications to the national office at one time. Funds can be paid with check or card. This will help expedite the processing time and reduce the chance of a team member not receiving insurance coverage.

The application fee (\$25.00 per person) only applies to international missions trips. If a student goes on more than one international mission trip in an academic year the application fee is only paid for the first trip.

Leaders need to complete this registration, a model release form and the Team Sheet.

Until all items below are received by the XA Missions (XAM) office, your application will not be processed.

Team Sheet- 1 per team

A Registration for each participant (Information Sheet, Assumption of Risk, Commitment, Medical & Beneficiary Release, etc.) OR a copy of their Assemblies of God "Volunteer Card"

Model Release Form for each participant

All Participants must be checked on the Sexual Offender Website: www.NSOPW.gov

Letter of invitation from your host missionary (can be a printed email)

One check for the entire team or *Call the office and provide your card information.* -(Team Leader Only)

IF YOU HAVE A "VOLUNTEER CARD" FROM THE ASSEMBLIES OF GOD, ASK YOUR TEAM LEADER FOR MORE INSTRUCTIONS PRIOR TO FILLING OUT THIS REGISTRATION.

Insurance begins the day your airplane leaves the ground and ends the day you arrive home. It is important to look at the calendar when counting days.

INSURANCE SCHEDULE

Include Partial Days

Example: May 3-10 is an 8-Day trip, not 7 days.

| 1 DAY | 2 DAYS | 3 DAYS | 4 DAYS | 5 DAYS | 6 DAYS | 7 DAYS |
|--------|--------|--------|---------|---------|---------|---------|
| \$3.00 | \$6.00 | \$9.00 | \$12.00 | \$15.00 | \$18.00 | \$21.00 |

\$3.00 for each additional day.

Please direct any and all questions to xaExpeditions@gmail.com

Team Member Contact Information

First Name Middle Name Last Name

Mailing Address

City State Zip Code

Primary Contact Phone Number Secondary Contact Phone Number

E-Mail Date of Birth

Name of College or University

Name of Team Leader

Name of Campus Pastor

Where are you going? (City and Country)

When are you going? (Start and end date of Expeditions)

Emergency Contact Information

Full Name of Emergency Contact Person Relationship to Team Member

Home Phone Cell Phone Work Phone

Full Name of Emergency Contact Person Relationship to Team Member

Home Phone Cell Phone Work Phone

Commitment

As a disciple of Jesus Christ and a member of a Chi Alpha Missions team, I commit myself while on this mission Expedition to follow the example of Jesus in responding to all people.

- I will put the needs of others before my own.
- I will walk with the attitude of Jesus under all circumstances and conditions.
- I will be flexible and encouraging when our plans abruptly change.
- With the exception of medical reasons, I will eat everything set before me and will thank the Lord for it.
- I will not speak negatively towards people on our team, our missionaries, or the people that I have come to serve.
- I will not consume or use any drug while on this expedition. (Alcohol, tobacco, etc.)
- I commit to respect and submit to the local missionary, my team leader, and all those who are in authority over me.
- I commit that no complaining word will come from my mouth during our mission. I will speak words of life and encouragement to our team and all those who I meet. I will live in accordance to the Word of God during this mission Expedition.

Signature of Chi Alpha Team Member

Date

Signature of Accountability Witness

Date

Assumption of Risk

PART 1—Assumption of Risk Statements

I, _____ (*print full name of volunteer legibly*), in consideration of my acceptance as a short-term volunteer with Assemblies of God World Missions of The General Council of the Assemblies of God U.S.A. represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of Assemblies of God World Missions or The General Council of the Assemblies of God U.S.A.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, injury, increased stress, accident, disease, inadequate medical services and supplies, death, criminal acts—including terrorism—natural disasters, government action, and relocation due to any of the above. I accept my assignment with full awareness of these risks, and subject to the insurance coverage described in the AOG GTL insurance brochure, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks and any damage to my personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to the insurance coverage described in the AOG GTL insurance brochure, I waive and release any and all claims for damages which I or my heirs or successors may have against Assemblies of God World Missions, The General Council of the Assemblies of God, any district council of the Assemblies of God, the local church sponsoring the trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian and subject to the insurance coverage described in the AOG GTL insurance brochure, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I understand and accept the following policy of Assemblies of God World Missions regarding ransom payments:

The Assemblies of God World Missions Executive Committee has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. The Assemblies of God World Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage, should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.

7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

8. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that

PART 2—SIGNATURES

HAVING CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND INSURANCE AGREEMENT AND UNDERSTANDING THE CONTENTS, I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.

Legible Signature of Chi Alpha Team Member

Date

Legible Address

IMPORTANT: Please have two (2) witnesses observe your signing of this form, and have the witnesses sign below. They must be at least 18 years old, and they cannot be your relatives.

First Witness Legible Signature

Address

Second Witness Legible Signature

Address

Medical Information & Beneficiary Designation

Medical Release

I give my consent for the director, local missionary or appointed staff member of Chi Alpha to secure the administration of medical treatment and/or medication for myself, and I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician if deemed necessary.

Signature of Participant

Beneficiary Designation

Name of Insured – (Person going on Expedition)

If the expedition has been approved through Assemblies of God World Missions, Assemblies of God US Missions and Chi Alpha, then the insurance company will be Guarantee Trust Life. If it does not have all three approvals it may be routed appropriated through a different company.

Guarantee Trust Life Insurance Information

Policy Holder: Assemblies of God

Policy Number: 246-018-001N

Full Name of Beneficiary

Street Address

City/State/Zip Code

Country

Relationship to the Insured

Signature of Insured (Team Member)

Date

Benefits payable for loss of life are payable to the first surviving classes of the covered person: spouse; child or children; mother or father; sisters or brothers; or estate *unless otherwise indicated above*. It is the responsibility of the covered person to contact AGWM Personnel and Family Life team processors to see that changes are made to this beneficiary designation form prior to insured travel. *Note: one form is required for each insured individual.

Individual Check Sheet

- I completely filled out all forms within this registration document.
- I double checked my signatures.
 - Team Member Contact Information Sheet
 - Commitment
 - Assumption of Risk
 - Medical & Beneficiary Release
- I calculated and paid registration fee and insurance fee to my team leader.
\$25 registration fee and \$3.00/per person per day insurance.
- I filled out the Model Release Form and **SIGNED** where necessary.
- I turned in my paperwork to my team leader.

This sheet is for your assistance. We do not need it for processing.